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CHICAGO

HANDLING OF THE VENEREAL PROBLEM IN UNITED STATES ARMY IN THE PRESENT CRISIS *

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If we could handle venereal diseases as we can other infectious diseases they would offer a relatively simple sanitary problem. We know all of the facts necessary for their sanitary control. We know their causes, their incubation periods, and their modes of transmission; and these facts so far as they are physical facts offer no practical obstacles to sanitary control. But for all that some sanitarians may say, the venereal diseases cannot be handled simply as a sanitary problem. No effective policy is practicable which would isolate them like measles or scarlet fever; or quarantine them like smallpox; or, even in the present state of sentiment, get them successfully reported. They involve factors peculiar to themselves—social, personal and moral factors that reach into the most insistent and secret impulses of life. These facts make the problem of their control extremely difficult; make it a social as well as a sanitary problem and, without question, the most complex and difficult of social problems.

The Army program has taken full cognizance of both phases of this problem. It can readily be seen that they require very different treatment, and that in coordinating the forces necessary to attack them in a practical campaign, there may be need for tact, judgment, tolerance and sympathetic cooperation. In this attempt the dangers are many of cross purposes, of exaggeration of the importance of one part of

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the program over the other, of irreconcilable conflicts between radicals on the two sides, especially of having the moral propaganda run away with the medical. We all know to what extremes the sexual moralist can go. How impractical, how intolerant, how extravagant, even how unreasoning, if not scientifically dishonest, he can be. On the other hand, the medical man can make no boasts of the cool, dispassionate, scientific intelligence that he has brought to bear on the problem. He is usually an infant in the knowledge of the epidemiologic facts of the venereal diseases and of the work that has been done on them as a sanitary problem. If he does not content himself with a mild mistrust of social and moral propagandas for influencing their prevalence, he is apt to have opinions about what he fondly regards as the practical aspects of the sexual problem, which are not the less vigorous because he has given very little serious study to the subject.

It may be said in passing, I think, that there has happily been an enormous improvement in the intelligence of the medical profession, both civil and military, on the subject in so short a time as the last year.

A very practical proposition has been to avoid the danger of being carried away by extremes in policy in either direction. Up to the present time, however, this danger has not actually obtruded itself.

METHODS OF PREVENTION

All of the methods of attack on the venereal diseases may be grouped into four classes: (a) Social measures to diminish sexual temptation; (b) education in regard to venereal diseases; (c) prophylactic measures against venereal diseases, and (d) medical care.

The United States Army at present is carrying out a thorough-going attack that embraces all of these various forms of activity. This effort is, I believe, the most systematic, thorough and rational that has ever been made to control this pest. It is a campaign which, aside from its practical results, is of great academic interest to any one who is interested in public hygiene.

The first two groups of measures for controlling venereal diseases are strictly social; and it is in respect to these activities that the most original part of the policy of the American Army consists.

The attempt has been made to utilize all of the social weapons that are practical. And it is an interesting fact that the medical department of the Army has been able to get the whole-hearted support of its entire program by all of the organized forces of that new department of sociology that we know as social hygiene. They are unreservedly behind the whole program and are the efficient agents in carrying out the social part of it. When you remember that the medical program has, as perhaps its most important feature, medical prophylaxis of venereal disease, this fact is indicative of the great change that has taken place in the attitude of society, and of the intelligence and wisdom that are now engaged in the extremely difficult work of social hygiene.

SOCIAL MEASURES

Social measures to diminish sexual temptation divide themselves in two sorts of activities: (1) the repression of prostitution and of the liquor traffic, and (2) the provision of proper social surroundings and of opportunities for recreation and diversion.

However unjust it may seem to some, the repression of prostitution and of the liquor traffic are logically classed together. In the spread of venereal diseases they go together. The liquor traffic in numerous ways is the fosterer of prostitution. And the effect of alcoholic liquor is a factor that cannot be overlooked in the diffusion of venereal diseases, because of the inhibition which it produces in those restraining influences that under ordinary conditions prevent man's giving way to his impulses.

It has been recognized, then, by the Army that keeping liquor away from soldiers is of fundamental importance in the program of attack on the venereal diseases. It is not necessary to go into the measures which the government has enacted to keep alcoholic liquors away from the soldiers. It may be said, however, that these measures are being enforced, and that the amount of alcohol consumed by the present

Army of the United States is negligible. There is an occasional bootlegger, and a small amount of liquor gets to the soldier in devious ways; but it is, in the total, inappreciable. For all practical purposes the United States Army at the present time is a body of total abstainers. This fact is undoubtedly a very great factor in keeping down in the Army the incidence of venereal diseases.

The control of the liquor traffic and of prostitution has been one which has called for cooperation between federal and local authorities. Of course, inside cantonments and other government reservations the federal authorities are supreme. In addition to this federal area, a district has been provided by law, consisting of a zone, at present designated by the Secretary of War to be 5 miles, around each of the cantonments. In these zones the federal authorities are in position to control completely the liquor traffic and the various conditions which encourage prostitution. Even, therefore, where cantonments are situated near districts presenting the worst social conditions, the government is able to make prostitution difficult, and is very effectively doing it.

Outside the zones, the federal government can still exert great influence as regards these conditions, and, as necessity compels, is doing this. But for the most part, when it comes to the question of controlling prostitution and liquor traffic outside the zones, reliance has been placed in great measure on the local civil authorities. I think it can be said with considerable satisfaction that communities have almost without exception realized their responsibility in these matters and have responded as well as the most sanguine could have asked in their efforts to improve them. Cities have cleaned up in the last few months that have never cleaned up before; to such an extent is this true, that conditions in regard to prostitution in this country are the best today that they have ever been.

The cause of this is the awakened public conscience; the determination of our people to do the best they can for their soldiers. To attain this, much has been done in directing the public conscience, in discovering the conditions that need correcting, and in showing the public useful avenues of work.

In this ticklish business the Army is not trusting to well meaning amateurs alone. It has its own trained forces in the field, recruited largely from the experienced workers of such organizations as the American Social Hygiene Association. Vice conditions are minutely studied, and are known with a fulness that is surprising. Often, as a result of this, the condition of prostitution in a community has been revolutionized for the better almost in a day. More often the improvement is less magical. But the pressure is everywhere, most about camps, and is resulting in rapid betterment.

The interest of the intelligent public, not merely of the intellectual classes, but of the every-day citizen, in the menace of venereal diseases, has been accumulating in the last few years. The war has stimulated this to a point at which you can get the public to support any policy concerning them that is sane and useful. This makes the present time a unique opportunity for attacking the problem, and sanitarians are showing a disposition to utilize it. Everywhere the work for the control of venereal diseases is stimulated and many new approaches to the problem are being developed.

You can hardly find a district where there is not some manifestation of this activity. New and better ordinances and sanitary regulations in regard to venereal diseases are being enacted, and more intelligence is being applied to their enforcement. Municipal clinics for the treatment of venereal diseases are being established. Established clinics are being reorganized to do better work. Hospitals for venereal diseases are being provided; even, in some places, isolation hospitals for venereal cases are in operation. Evidence of this sort of activity is found everywhere from the Atlantic to the Pacific. There has never been any systematic widespread attack on venereal diseases in the country before. There is now an almost universal and, for the most part, intelligent attack carried on.

The state councils of defense have generally taken up the work in their various states. Private organizations interested in public welfare are helping the campaign in innumerable communities. The aggre-

gate, therefore, of work which is being contributed by forces not directly controlled by the federal government is not easy to be estimated.

The second group of measures to diminish sexual temptation are embodied in the provision of proper social surroundings and recreations. Applied to the Army, this means the furnishing of healthy social conditions and of opportunities for diversion for the soldiers at periods of leisure in camp, or when they are traveling, or on leaves of absence outside of their camps. In the camps the government has through the Commission on Training Camp Activities pursued a policy which, it seems to me, is of the highest intelligence in regard to the provision of recreations. The situation has been conceived to be much the same as that of a college community, where there are a large number of young men brought together, who have recently been detached from their familiar home surroundings; and it has been handled with college activities as the example to be followed. All of the wholesome forms of play which constitute the familiar recreations of college life have been included, and are encouraged and supported. The effort is to create the same sort of a class spirit among the men; to get them interested in their diversions and to excite in them a pride in their sports as in their work.

In furnishing proper social surroundings and facilities for recreation in the camp, the authorities have availed themselves of the invaluable experience of organizations which have been working so long in these fields in civil life, such as the Y. M. C. A., the Knights of Columbus and the Y. W. C. A. These organizations are not only doing incalculable work for the soldier in the cities; they are doing a greater one in the camps, where they have adapted themselves to military conditions.

Outside the cantonments and the zones, there has been an appeal to the civil population to add their part in this work. I think you are all more or less familiar with the cordial response which the public has given to this appeal. Hardly a community (no community that I know of) has failed to respond to this appeal to aid. What some communities have done amounts to examples of almost illimitable hospitality.

Petersburg, Va., a town of about 30,000 inhabitants, has seven places of entertainment—clubs, canteens, or recreation centers—which are regularly open for the soldiers at Camp Lee, located near the city. Houston, Texas, which has a population of about 90,000 inhabitants has ten such places, and Montgomery, Ala., with a population of about 50,000 has twelve.

In some of the towns near cantonments every home has been opened to the soldiers and they have been given the hospitality that is offered to the most welcome friends. Every community and every organization is trying to do its part in providing wholesome social diversions for the soldiers. Among organizations, the work of the Y. M. C. A., Knights of Columbus, Y. W. C. A., and the Masons represent the largest efforts, but every organization that has any sense of social responsibility is doing something.

In many cases the efforts have taken very interesting practical form. The establishment of lunch counters and cafeterias which are manned by voluntary help and located at such centers as railway stations, for furnishing appetizing food at little or no cost for soldiers, is one illustration. Information bureaus are another.

The most useful thing of this sort, I believe, is the establishment of enlisted men's clubs—clubs which are the men's clubs, where they can go freely and feel that they are at home. I have seen some of these clubs which were extensive enough and well enough equipped to be private social clubs of considerable pretensions.

I recall one such club in which the first floor is a reading room about 50 by 150 feet in size, comfortably furnished throughout—rugs on the floor, bookcases around with a good supply of books and magazines, most of the papers from the homes of the troops who frequent it, plenty of good chairs and lounging places, phonograph, piano and other musical instruments. And this lounging room was not the old style parlor not used by anyone; at the time I visited it, it was filled with young fellows evidently at ease and thoroughly enjoying themselves. Enlisted men have not reached the age at which they are nervous and finicky. They were reading, playing checkers, writing letters—without irritation, at peace with the

world, while the room was joyful with more or less musical sounds from phonograph and piano. It was as orderly a crowd as you would see in a university club (and just as intelligent looking); and the manager told me that the question of order had been no question to him at all, the men taking care of that themselves. The second floor was a pool room with eleven pool tables, every one of which, by the way, had been resurrected from the storeroom of some person who at some time had thought he would like to have a billiard table in his home and finally had discarded it. The third floor was fitted up for entertainments. There picture shows, dances, popular lectures and

TABLE 1.—CITIES THAT MAINTAIN ONE OR MORE CLUBS FOR SOLDIERS.

Alexandria, La. (2)	Highland Park, Ill.	Norfolk, Va.
Atlanta, Ga. (1)	Jackson, Mich.	Patchogue, N. Y.
Ayer, Mass.	Kalamazoo, Mich.	Palo Alto, Calif.
Beaufort, S. C.	Kansas City, Mo.	Petersburg, Va. (4)
Boston	Lake Forest, Ill.	Philadelphia (3)
Charleston, S. C.	Lawton, Okla.	San Antonio, Tex. (1)
Charlotte, N. C.	Leavenworth, Kan.	San Diego, Calif. (3)
Chattanooga, Tenn.	Little Rock, Ark.	San Francisco (2)
Chillicothe, Ohio.	Louisville, Ky. (2)	Seattle (1)
Columbia, S. C.	Macon, Ga.	Spartanburg, S. C. (1)
Deming, N. M.	Manhattan, Kan.	Southport, N. C. (1)
Des Moines, Iowa.	Montgomery, Ala.	St. Louis (1)
El Paso, Texas.	Mt. Pleasant, S. C.	Tacoma, Wash. (1)
Fort Worth, Texas	Newport, R. I.	Trenton, N. J. (1)
Hempstead, N. Y.	New York City.	Waco, Tex. (4)
Houston, Texas.	Nogales, Ariz.	Waukegan, Ill. (2)

various sorts of entertainments are given, furnished by voluntary talent.

When my list was made up in January, 1918, there were in the United States sixty-seven of these clubs, usually under the name of Enlisted Men's Clubs, or Soldiers' Clubs, located in the cities mentioned in Table 1.

This list is, I know, incomplete, and in it I have not included canteens, rest rooms, Y. M. C. A. rooms, or innumerable places of entertainment or hospitality for soldiers, which cannot be called clubs; it is a list of clubs for soldiers.

These enlisted men's clubs are one of the very useful institutions in communities where soldiers habitually come on leave or where they collect in their travel. They supplement the work of the welfare organizations and the fraternal orders and reach those men who are not reached by such organizations as the Y. M. C. A., which to some men, in spite of every

effort to avoid it, still have the atmosphere of propaganda.

It does one's heart good to see how much effort in the direction of promoting the comfort and welfare of the soldier has been accomplished. It is a credit to the spirit of the American people. There is still a great deal to be done, but what is lacking, I think, is due for the most part, not to the reluctance of the people to furnish the facilities, but rather to their uncertainty as to what is wanted of them and what is best. In the way of furnishing information on these things there is room for intelligent direction. The furnishing of this is rather difficult. It requires that there shall be found representative people in each community in whom the community has faith, who can first be interested in the need for the soldiers and then can get the ears of their community.

In all of these matters that relate to the soldier, the response of the public has been, as I have already said, remarkable. The situation is such now that you can get the public behind any proposition no matter how difficult it is for them, as soon as you convince them that it is for the good of the young people of the country, for the welfare of the soldiers, and that it is practicable.

EDUCATION

The same civil agencies that have been working against prostitution have been active in the campaign of education of the public in sexual matters and in the dangers of venereal diseases. Education as to the dangers of venereal diseases has been a part of the general campaign. While the work of education has not been as extensive among the civil population as it has been among the soldiers, it has been by the same methods; the aggregate amount of it is very large and is undoubtedly doing a very practical amount of good. Nor has this campaign of education in the danger of venereal diseases been confined to the boys. It has been extended to the girls; and such organizations as the Young Woman's Patriotic League are reaching out to the girls; telling them the danger of venereal diseases and fostering in them a sense of their responsibilities in these matters. The General Federation of Women's Clubs, the Women's Christian Temperance Union, the Y. W. C. A.—such

women's organizations as these are giving their powerful support to this work.

When it comes to the soldiers, the work of education is systematic and so thorough that it reaches every man. All of the agencies that have been mentioned already are lending their cooperation in this work. The work is guided and largely done by the War Department Commission on Training Camp Activities and the Social Hygiene Section of the Surgeon-General's Office. Instruction is given by lectures, by pamphlets, and by exhibits and moving pictures. But reliance is not placed solely on measures of general instruction.

Lectures and exhibits and pamphlets for the soldiers in general serve a useful purpose, but they do not reach the soldier that is most in need of them. To reach the soldier in the way that is unfailing and that makes a real impression on him is through his company commanders—the men from whom he takes his orders, and to whom he naturally looks for guidance. Through this channel pamphlets are distributed to him that give safe and unsensational information. But much more telling than this, company officers, both line and medical, give lectures to their men on sexual matters and the danger of venereal diseases. Every soldier is instructed on this subject. This is not a matter left to the volition of the officer; it is a matter concerning which he is under orders and the performance of this duty is seen to by checking up as in other important matters.

It is a difficult thing to get a good popular lecture to young men on sexual matters. In one quarter we get the maudlin; in another the extravagant, sensational and untruthful; in another the unreasonable and impractical; and even when the lecturer is sane, and honest, and wants to tell the truth, it is hard to get actual knowledge of the subject, and harder still to put such a lecture into form. To overcome, as far as possible, these difficulties, company officers are provided with full lectures on these subjects which they can use as such or as a basis for lectures of their own.

The lectures on sexual hygiene and venereal diseases given by company officers to their men are not inane, pseudomoral stuff. They are plain, serious, instructive talks given by practical men. These lec-

tures reach all of the men; the two million men now under arms for the United States have been instructed more systematically and probably more intelligently than any other large body of men have ever been instructed in sexual and venereal subjects. It is not making saints of them; but it is doing a great deal in saving them from venereal diseases.

SEGREGATION OF PROSTITUTES

It will doubtless be noticed that in this program for the repression of prostitution nothing has been said about segregation, and that no part of it includes either the examination or certification of prostitutes. In the program everything possible is tried to discourage prostitution. It is a part of the policy to stimulate activity in providing adequate care of venereal diseases among the civil population, to the end, for one reason, that the numbers of venereal disease "carriers" shall be reduced as much as possible. There has been a very noticeable access of energy in the public care of venereal diseases as a result of the whole program that we have been considering. But the segregation of prostitutes and the regulation of prostitution in the Continental sense, that is, the examination of prostitutes, their certification and their toleration in definite districts, have not been included in this program, because they have not been regarded as advantageous.

You will remember I have said we have the social hygiene movement of this country for all practical purposes solidly behind this program—behind the whole program. They accept as necessary medical prophylaxis of venereal disease; they fear that it may result to a certain extent in greater freedom of sexual indulgence; but they also recognize that it must be a part of any efficient sanitary attack on the venereal diseases. And they are willing to accept this. But they will not stand for segregation. This is not on moral grounds alone, but it is because in the opinion of conservative, reasonable students, segregation is not an efficient weapon against venereal diseases. It is open to so many abuses that careful observers of it in Europe object to it as a practical measure. In this, in my opinion, they are undoubt-

edly right, and for this reason, among others, segregation and regulation are not a part of the Army program.

RESTRICTION OF LEAVE OF ABSENCE

It has been suggested to me in more than one quarter that the way to solve the venereal disease problem among soldiers, is not to allow them leave of absence. It is recommended by the Surgeon-General that long leaves should as far as possible be discouraged. Attention is called to the fact that leaves of absence of more than twenty-four hours are particularly dangerous in respect to venereal disease, and that it is desirable that leaves of absence should be timed so that, if soldiers are out over night, they will return early the next morning to their quarters. This, of course, is in order that in the event they have been exposed to venereal diseases they will most likely not be too late for prophylactic treatment to be efficient. There are some camps in which leaves of absence over night for the soldiers have been prohibited. Among practical Army men I have found usually a strong objection to curtailing too rigidly the leaves of absence. Personally, on general principles, I am not in favor of locking soldiers up in order to prevent venereal disease. It would be easy to prevent new cases of venereal disease by treating soldiers as prisoners, but personally I would be as much opposed to such a policy as I would be to a policy that would confine every man between the ages of 20 and 30 to the four walls of his father's home from 6 p. m. to 6 a. m. It is unfair and is an insult to all of the men who would not need it; and we are not reduced to the necessity of pursuing an impractical policy of injustice and of offering affront to our whole Army.

In the attempt to coordinate social and medical forces in an attack on venereal diseases there is danger that the social forces may be allowed to overshadow and to cause the neglect of proper medical measures. They are so appealing to the moral and religious ideals of human nature, while the medical side has no such call; and the moral propagandist is apt to be intolerant of practical considerations.

There is always the possible danger of an unreasoning propagandist trying to run away with the situation. The fears of this were well expressed by Colonel Lyster¹ of the Army in an article on venereal diseases and the war. He says:

"Now as to our new Army and the future: Higher rates will probably prevail for some time, but hope is backed by knowledge that we have the means, if we can apply them, of controlling this great producer of nonefficiency in armies.

"The greatest enemy to its [the Army's] health is venereal diseases. A continuation of the orders and methods successful in the Army from 1908 to date will make a successful answer to that challenge of disease. But no misleading and impractical fanatics must be permitted to have a hand in this question of national efficiency."

As far as I can sense the situation this danger has not yet materialized.

The two parts of the program have not proved unworkable together, and the forces behind the social program have not minimized the importance of or interfered with the effective administration of the medical program.

MEDICAL PROGRAM

The second division of the program is the medical.

The first part of this is prophylaxis to prevent infection after exposure. This, in the opinion of venereologists, is the crucial part of any program to reduce the prevalence of venereal diseases; omit it and you have omitted the most important single practical weapon we have for fighting this plague.

This part of the program is in universal effect in the Army and care is taken to see that it is thoroughly carried out. Venereal prophylaxis is a part of the duty of every regimental infirmary and of every other infirmary that has in its care the health of a unit of soldiers. The regimental infirmaries do most of this work and its conduct in the regimental infirmaries may be taken as an illustration of it in general. Everything for giving prophylactic treatment is always accessible in every regimental infirmary. The medical officers are responsible for it and it is carried out by specially trained noncommissioned officers. As far as

1. Lyster, William: Venereal Disease and the New Army, *THE JOURNAL A. M. A.*, Oct. 13, 1917, p. 1257.

possible selected men are chosen for these positions. I have inspected a good many regimental infirmaries and I have been impressed by the superior grade of these noncommissioned officers. Such an officer is constantly on duty and the returning soldier can get prophylactic treatment at any time in the twenty-four hours that he applies for it. This is a matter of general policy and is checked up by medical inspectors. It is seen to as far as possible that the conduct of prophylactic treatment is carried out seriously, without allowing an atmosphere of levity or obscenity to creep in.

The prophylactic methods are uniform and are a matter of regulations. They consist in the well known measures. First, there is scrubbing with soap and water; then washing with mercuric chlorid solution of the dilution of 1:2000; a thorough rubbing with 33 per cent. calomel ointment; and an injection of 2 per cent. protargol or some of the other trade products of silver albuminate, which are just as effective.

The necessity for medical prophylaxis is instilled into the soldiers' minds. They are universally told that it is not a sure preventive of infection; that the sooner it is applied the more likely it is to be effective; and that after eight hours it is likely to be ineffective. The taking of it, if exposed, is a matter of army regulation. If a man contracts venereal disease, he is not punished beyond losing his pay while the disease disables him for duty, provided he had prophylaxis after exposure. But if he contracts a venereal disease and has not, according to regulations, had prophylactic treatment, he is court-martialed for disobedience of orders and, if convicted, is punished.

The weak point in regimental prophylaxis is the delay with which it is likely to be administered. To obviate this the use of established dispensaries under civil control has been urged for prophylactic stations. This has not been regarded with favor; partly because of the difficulty of enforcing proper discipline in such stations not under military control, of carrying out the treatment with thoroughness according to regulations, and especially because of the obstacles in the way of assigning to nonmilitary bodies the carrying

out of military regulations, for infraction of which the soldier may be called to account.

In order to meet this need for prophylaxis for soldiers when away from their stations a considerable number of "outpost" stations have been established. Where I have been able to get the opinion of commanding medical officers of divisions in which such stations exist, these "outposts" are useful.

In January, 1918, prophylactic "outposts" or City Early Treatment Stations for men exposed to venereal diseases were operating under the military control in the first fourteen cities mentioned in Table 2. In the last ten cities listed in this table preliminary plans have already been made (Jan. 25, 1918) to establish similar "outposts."

TABLE 2.—CITIES THAT MAINTAIN "OUTPOSTS" FOR THE EARLY TREATMENT OF SOLDIERS EXPOSED TO VENEREAL INFECTION

1. Ayer, Mass.	13. San Francisco (5)
2. Lowell, Mass.	14. Charlotte, N. C.
3. New York.	15. Fitchburg, Mass.
4. Brooklyn.	16. Baltimore.
5. Macon, Ga.	17. Atlanta, Ga.
6. Chattanooga, Tenn.	18. Louisville, Ky.
7. Boston.	19. Birmingham, Ala.
8. San Antonio, Texas.	20. Little Rock, Ark.
9. Hopewell, Va.	21. North Little Rock, Ark.
10. Petersburg, Va.	22. Spartanburg, S. C.
11. El Paso, Texas.	23. Greenville, S. C.
12. San Diego, Calif. (2)	24. Rockford, Ill.

Prophylactic packets to be given out to soldiers are not provided by the Army. They would undoubtedly be of some service, but their usefulness is diminished by the fact that such personal prophylaxis is regarded by the user as relieving him of the necessity for regimental prophylaxis, and experience has shown that the prophylaxis used by the individual himself is not as efficient as prophylactic treatment given under the eye of an experienced attendant. Perhaps the most important thing in prophylactic treatment is thoroughness in washing, and this will not ordinarily be carried out under the conditions in which personal prophylaxis is done. The soldier can buy a prophylactic packet if he desires; among the class which would avail themselves of it, information is common about it and where it can be obtained. But it is not a part of the Army program; it is not carried in the Army supplies, and its use is not accepted as in any way a substitute for regulation prophylaxis.

Wherever I have been, there is invariable testimony to the value of medical prophylaxis. The number of cases of venereal infection that develops after prophylaxis is surprisingly small. I have visited several regiments where no such cases had developed since mobilization.

since mobilization. I have before me two division reports showing the relationship of prophylaxis to venereal diseases; these were taken quite at random. One shows that in the division there had been given during the week 299 prophylactic treatments, which was presumably an average week; during the same week, no new venereal cases had developed after prophylaxis. The other covers the twelve weeks between November 3 and January 19, the leave of absence season. During this time in the division 1,706 prophylactic treatments were given; but only eighteen cases of venereal disease developed after prophylaxis, and only four of these developed in patients to whom prophylaxis was given within eight hours after exposure was said to have occurred.

Among the measures which are regarded as prophylactic must be included two others; one is the loss of pay which, according to army regulations, disability from venereal disease entails; the other is the fortnightly physical inspections. Both of these, in force since 1912 (Lyster), are regarded by army authorities as very important measures in the reduction of venereal diseases.

MEDICAL CARE OF VENEREAL DISEASES

The second item in the medical program and the last item in the entire program is the medical care of those who are venereally infected. Necessarily the first step in putting into practical force the care of venereal diseases in the new Army was to obtain a group of competent specialists in their treatment. In going through the personnel of the medical reserve corps there was found a very considerable number of well trained specialists in genito-urinary, venereal and skin diseases. Among these were many of the best known men in the country in this field. The time of the great addition of soldiers to the Army was in September and October, when the National Guard and the National Army were mobilized in the thirty-

one cantonments distributed over this country. Provision had suddenly to be made for the venereal care, as for the care of other diseases, of thirty-one cities, each containing a population of from 20,000 to 25,000 men between the ages of from 20 to 30 years.

It goes without saying that equally competent men were not obtainable for all these cantonments; but it can be said that at the time of the opening of each cantonment there was available in each, expert skill in venereal diseases. Since that time, as occasion has required, there have been added to the various camps whatever men trained in venereal diseases were asked for by commanding officers or necessity seemed to require. Necessarily there was confusion and lack of preparedness in material ways at the time of mobilization in the cantonments; for one cannot build thirty-one cities in three months and at the end of the time have them as complete and finished as though they had existed always. The men in charge of venereal diseases, however, for the most part have shown themselves equal to the situation and the exceptions are few in which those affected with venereal disease have not been able to get adequate care in the cantonment base hospitals.

In the planning of the base hospital of each cantonment, full provision has been made for venereal diseases. It is a part of the policy of the Surgeon-General that acute venereal disease shall be confined to the hospital until the acute infectious stages are past. This means that all cases of acute gonorrhea belong in the hospital and all cases of syphilis which have early active lesions.

It is difficult at times to get this policy carried out. In many divisions the division surgeon has seen the wisdom of this course and has taken his own initiative in putting it into force. In a few places it has been for a time impossible, because of epidemics of acute diseases which have had prior demands on all of the available hospital beds. The policy has been thoroughly promulgated by the Surgeon-General and attention is called to it wherever neglect of it is discovered. This is, in some respects, a new military policy with us. It is one which it is believed will justify itself. It has several arguments for it; one

is the great advantage which it affords in gonorrhea of curing quickly and preventing its spread to the posterior urethra; another is the assurance which it gives of thorough early treatment of syphilis, and the rapidity with which the infectious stage is passed; a third, and a very great advantage, is the reduction in the danger of nonvenereal spread of these diseases.

An effort has been made to standardize as far as possible the handling of venereal diseases. The first item of this consists in the hospitalization of acute cases, which has been referred to. There has been no effort to hamper mature men in carrying out established methods of treatment, but their attention has been called to the fact that in the Army team work is desirable, that bizarre and original methods are not necessarily most effective, and that the methods recommended have borne the test of experience. In carrying out this policy a small manual of venereal disease has been issued which includes, in addition to the program of attack on venereal diseases, brief articles which represent present established methods of treatment of the various venereal diseases.

Hospital records are standardized as far as possible, and the effort is being made to carry this still further; so that, in addition to other advantages of standard records, there will be accumulated a large amount of information in the form of valuable statistical data on these diseases.

It is part of the program to provide in the base hospitals complete laboratory facilities for the care of venereal diseases. There is provided in each hospital a general laboratory in which Wassermann tests are to be made. It is also part of the Surgeon-General's policy that each venereal service in the base hospital shall have its own small laboratory, equipped for examination for spirochetes and bacteria and for urinalysis examination. These laboratory facilities exist now in most of the cantonments that I have visited; in some they have not been developed. But wherever it is found that they are lacking, their establishment is stimulated.

In addition to the cantonments, there are many other large camps in which the care of venereal diseases is handled on the same plans as has been outlined for the cantonments.

It is part of the program to use the specialists in venereal disease in the division as instructors of other medical officers in venereal diseases. As a rule, the chief of a venereal service in a base hospital is the chief officer in venereal diseases. He is expected to be an instructor of other medical officers and his efficiency is partly gaged, not alone by the care which he gives his patients, but by the efficiency with which he develops his hospital organization, and the way in which he takes part in handling the venereal problem in the cantonment as a whole.

In order to increase efficiency in venereal diseases, three schools have been established for the intensive training of the less experienced men who are in this work. These schools are conducted by well known specialists in genito-urinary diseases and syphilis and skin diseases and are in centers furnishing large clinical material. The instruction furnished by these schools along with the experience that is being gained by the men in the venereal service of the various cantonments and camps, is, to say the least, keeping the men in this work from stagnating. There is little room for doubt that, in most instances, it is increasing the knowledge of the junior officers rapidly. By this means, and by the constant addition of specialists from private life who are coming into the medical reserve corps, it seems safe to believe that, as the demands on this service increase, we will be able to meet them with competent men.

The policy of handling the venereal diseases that I have outlined is that of the Surgeon-General, and, as far as it depends on central authority, it is efficiency carried out. Of course, the success of the medical care of venereal diseases varies greatly in the different cantonments. The organization of the Army, properly I think, gives large discretion to the division commander and similarly to the chief medical officer, who is the division surgeon.

The conduct of medical affairs in the cantonments, therefore, depends to a very large extent on the attitude of those in supreme authority; that is. (1) the commanding general in a cantonment; (2) the division surgeon, and (3) the commanding officer of the base hospital.

If either one of the first two, and the same is true to a less extent of the third, should be obstinate, opinionated and ignorant, and interfere, he could spoil the best efforts of competent chiefs of service under him. I know of no instance where this has been so flagrant as I have just indicated as possible, but I think it is true that there is considerable variations in the efficiency of venereal services due to variations in these commanding officers. Nevertheless, the efficiency of the venereal service is, in very large part, what the chief medical officer assigned to the service makes it. Some of the men taken from civil life are showing great originality and efficiency in this service.

To mention only a few of those whose work I have seen:

Major William W. Townsend at Camp Dix has developed a clinic in the base hospital that meets the most exacting requirements of what such a clinic should be.

Major J. Bayard Clark at Camp Lee showed the same sort of originality before he was called to similar work overseas.

Capt. Victor N. Meddis at Camp Zachary Taylor has developed a highly efficient and well run service.

Capt. Charles M. Williams at Camp Meade has approached the work from another side and has developed an original and most efficient system of looking after venereal diseases throughout the cantonment from division headquarters.

I mention these especially because they illustrate the fact that there is room for the personal equation, for initiative and originality. The various intelligent plans which are developed are all useful additions to our experience in this work; and, partly on account of this fact, large latitude is given to the chiefs in the development of their services. The men previously mentioned undoubtedly could not have made such good showing without the support of their superior officers, but it is equally certain that with the same superior officers less efficient men would have made no such showing. One gains the impression, indeed, that in spite of so-called government red tape, military routine—which the civilian physician seems to regard in the way the public looks at medical etiquette—the equipment of the various hospitals, as well as their

competency in other directions to take care of their patients, usually depends on the personnel of its medical officers. Sometimes it is impossible to get the necessary things, but as a rule you find the supplies ready for work in the place which is under the man who either knows how to get easily the things he needs, or is persistent enough to keep after these things until he obtains them, no matter how many obstacles he encounters in the endeavor.

QUALITY OF TREATMENT VENEREAL PATIENTS ARE RECEIVING

Venereal diseases are as a whole receiving excellent attention in the cantonment hospitals. Of course, the same factors of personal equation come in here, and the quality of service furnished in venereal diseases varies with the men who are furnishing it. But the men in charge of this work in the hospitals are trained specialists of long experience, and, without exception as far as my knowledge goes, are applying themselves with the utmost zeal and devotion to it. I have had a considerable opportunity to judge of the quality of treatment they are giving their patients and I believe it is as good as is to be obtained in any other forty hospitals in the United States.

The place where patients with chronic gonorrhea and syphilis are likely to fail to get expert care is in the division as distinguished from the base hospital. The regimental surgeon must be a general practitioner while he is in that position. Adequate care of syphilis and of the chronic complications of gonorrhea eminently demand expert training, and this is not any more to be expected of the regimental surgeon than is special training in all of the other specialties. He also cannot have the special equipment necessary for it. It follows, therefore, that gonorrhea and syphilis should as far as possible be taken out of the care of the general medical officers. It is the policy of the Surgeon-General to send them to the hospital as freely as practicable, and everything possible is done to encourage the return of ambulatory cases to the hospital for such treatment as they need. It is also the policy to have a qualified officer detailed to the special duty of supervising all venereal matters, including the treatment of venereal cases throughout the canton-

ment. But in spite of this, the fact remains that the weak point in the care of the soldiers' venereal diseases is the care he receives when he is on duty; and he is allowed to stay on duty often when it would ultimately be better for him and for the service, if he were nominally as well as actually sick and under expert care. This is often due to the attitude of the commanding line officer. He wants his men or he does not want them, and he has no use for the soldier who is taking half-days off to go to the hospital for treatment. There is room for much education here, and for the development of considerable more cooperation.

RESULTS

The venereal situation in the United States Army has been excellent for several years. This is the result of the effective policy in handling these diseases that has been developed by the medical department. The present situation in the Army, then, as far as it is favorable, is not the result of any new policy, but is due to the continuation of the Regular Army policy, with such additions as the new situations have seemed to indicate.

Of course, a marked increase in venereal diseases was feared in the present military situation. Such an increase always follows mobilization of new troops, and the conditions which this great increase in troops entail.

Between 1897 and 1900, which was the period that covered the Spanish-American War, the venereal rate went up from an average of 80 per thousand to 160.

As Colonel Lyster says of our new Army, "higher rates will probably prevail for some time."

In order to appreciate the situation now, it is worth while to consider the Army record for venereal diseases for several years past: The venereal rate of the Army previous to 1898 averaged about from 80 to 85 per thousand. This is no criterion on which to base the comparison with present rates, for then we had none of the present means of diagnosis, and much that is now recorded as syphilis at that time was not included. Colonel Lyster thinks under present conditions of recording syphilis, the rate for venereal diseases during that period would have been 110 per thousand or more. With the mobilization of new

troops in the Spanish-American War in 1898 the rate suddenly doubled, going to 160 per thousand. The high rate then produced persisted after the War for thirteen years, varying between 180 and 160 per thousand until 1911. (The rates from 1905 until 1917, inclusive, are shown in the accompanying charts.) Between 1909 and 1911, an effective policy of handling venereal diseases in the Army was developed by the medical department. The most important features of this policy were the enactment of regulations which provided for loss of pay for disability from venereal diseases, weekly physical inspections, and venereal prophylaxis. The result of this policy was shown by the rapid and continuous decline in venereal diseases. From a rate of 164 per thousand in 1911, it dropped to 116 in 1912, and by 1913, in two years, it had dropped to 86.

There are few more signal feats in sanitation than the reduction of 50 per cent. in venereal diseases in the United States Army, which was brought about by the policy of handling them developed by the medical department. This feat is the more creditable because it was the result of an original policy largely developed in our own Army and Navy.

Since 1913, the rate has remained under 90, excepting during 1916. In 1916, as a result of the rapid increase of the Army and the mobilization on the Mexican border, the rate went to 91.4.

In my estimates, I have taken the rate of 90 as the mean average toward which we should strive in the present crisis, although the rate of 91 in 1916 would certainly be fairly justifiable as the standard.

The rate for the Regular Army from September, 1917, to May, 1918, averages a little better than 90.

With the second week of mobilization in September the venereal rate for the National Army shot up to 367 per thousand. The National Guard at this time showed a rate of 150. The Regular Army made a very strong showing for itself by presenting a rate of 80 on this particular date.

Much has been made of this enormous rate of venereal diseases at the mobilization of the National Army. As a matter of fact, it does not give any fair indication of the relative prevalence of venereal diseases in the three services, for this reason: When

venereal disease is discovered for the first time in a soldier it goes on record and is counted as a new case. It may, however, be an old infection. The result is, when new recruits are received, all venereal diseases among them at once enter the records; they include old as well as new cases. But after these old cases have once been counted, only actual new cases get into the records as new cases. It takes, therefore, about four weeks before the actual incidence of new cases of venereal disease in a body of troops can be determined. It does, however, give one a very fair idea of the relative prevalence of venereal disease in different bodies of troops to compare the rate when first recorded for these different bodies. And in this respect the contrast between the figures for the National Army and for the National Guard are interesting. The rate for the National Army for the first four weeks after mobilization of the Army was twice that of the National Guard.

I believe it may be said that fact shows that venereal disease was at the time of mobilization twice as common among the men who went in the National Army as it was in the men in the National Guard. That difference probably indicated what the relatively lax discipline of the National Guard could do in holding down the venereal diseases as compared with conditions of civil life where restraints are very much less in force.

During the months of September, October and November new recruits were constantly coming in, but their numbers were rapidly decreasing. From the time of mobilization, the venereal rate in the National Army showed a remarkably rapid decline. On December 1, these rates crossed below the rate of 90. From December 1 to date the rate for the National Guard has not reached 90 per thousand.

The rate for the whole United States Army for 1917, in spite of the enormous peak caused by mobilization, is 88, as compared with 91.3 for 1916.

It is interesting also to see what has happened with our expeditionary forces in France among whom the same general policy of handling the venereal problem is in force.

Among these troops we have none of the sudden peaks in our rate that occur when new troops first

get into the records, therefore we are able to obtain a fair idea of the normal rate of incidence of actual new cases of venereal diseases contracted while soldiers are in the service. Since November 23, when the first report was published, to date for only two weeks has the venereal rate reached 90. The figures since December 21 are these: 75, 57, 74, 58, 52, 55, 44, 48. They are running pretty nearly one half of what we might have expected as a reasonable showing when the war began.

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